

CERTIFICATE OF SERVICE

I, Nancy H. Brown (name), certify that service of this summons and a copy of the complaint was made on March 9, 2022 (date) by:

Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Donald Arthur
9537 Ironstone Terr. 20-201
Naples, FL 34120-5136

Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

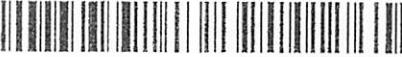
Donald Arthur
47 Davinci Court
Williamsville, NY 14221

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date March 9, 2022 Signature /s/ Nancy H. Brown
Print Name: Nancy H. Brown
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

The card below was returned to the office of Plaintiff's attorneys.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete Items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature</p> <p><input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to: Donald Arthur 47 Davinci Court Williamsville, NY 14221		B. Received by (Printed Name) <input type="text"/> C. Date of Delivery <input type="text"/>	
 9590 9402 3367 7227 2925 30		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="text"/> <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt